



MINORITY COMMUNITY HEALTH PARTNERSHIP HIV/AIDS DEMONSTRATION GRANT PROGRAM

PROGRAM GUIDELINES

Fiscal Year 2006

**Department of Health and Human Services
Office of Public Health and Science**

OFFICE OF MINORITY HEALTH

Application Deadline: June 19, 2006

*Authorized under 42 U.S.C. § 300u-6, section 1707 of the Public Service Act,
as amended*

OMB Catalog of Federal Domestic Assistance Number: 93.137

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INTRODUCTION

These program guidelines provide clarification of the information on the Minority Community Health Partnership HIV/AIDS Demonstration Grant Program published in the Federal Register on May 4, 2006. These guidelines are to be used in combination with the Federal Register notice and the general instructions provided in the application kit. Potential applicants should thoroughly read these Program Guidelines, the entire Federal Register notice, and the complete application kit prior to preparing an application.

Program Authority

The Minority Community Health Partnership HIV/AIDS Demonstration Grant Program (herein after referred to as the Community Partnership HIV/AIDS Program) is authorized under 42 U.S.C. § 300u-6, section 1707 of the Public Health Service Act, as amended.

Program Purpose

The Community Partnership HIV/AIDS Program seeks to improve the health status relative to HIV/AIDS, of targeted minority (see definition) populations through health promotion and education activities. This program is intended to test community-based interventions on reducing HIV/AIDS disparities among racial and ethnic minority populations, and

demonstrate the effectiveness of community-based partnerships involving non-traditional partners at the local level in:

- developing an integrated community-based response to the HIV/AIDS crisis through community dialogue and interaction;
- addressing the sociocultural, linguistic and other barriers to HIV/AIDS treatment to increase the number of individuals seeking and accepting services; and
- developing and implementing HIV/AIDS prevention, interventions, and educational efforts for targeted minority populations.

Availability of Federal Funds

About \$2.5 million is expected to be available for award in FY 2006. It is anticipated that 13 to 17 awards will be made.

PROGRAM OVERVIEW

Background

The mission of the Office of Minority Health (OMH) is to improve the health of racial and ethnic minority populations through the development of policies and programs that address disparities and gaps.

OMH serves as the focal point in the Department of Health and Human Services (HHS or Department) for leadership, policy development and coordination, service demonstrations, information exchange, coalition and partnership building, and related efforts to address the health needs of racial and ethnic minorities.

As part of a continuing HHS effort to improve the health and well being of racial and ethnic minorities, the Department announces availability of FY 2006 funding for the Community Partnership HIV/AIDS Program. Minority communities are currently at the center of the HIV/AIDS epidemic in this country. Based on reported cases HIV/AIDS¹, the Centers for Disease Control and Prevention (CDC) estimates that more than 1.1 million Americans were living with HIV/AIDS at the end of 2004. From 2001 to 2004, African Americans accounted for 50% of newly diagnosed cases of HIV/AIDS, despite the fact that they comprised only 13% of the U.S. population. Similarly, Hispanics, who comprised 14% of the U.S. population, accounted for nearly 20% of newly diagnosed cases. While federal efforts to prevent the spread of HIV focus heavily on testing and early diagnosis, community groups can make a difference by reaching out through education and awareness activities.

¹HIV/AIDS Surveillance Report; Cases of HIV Infection and AIDS in the United States, 2004; Volume 16.

OMH Expectations

It is intended that the Community Partnership HIV/AIDS Program will result in:

- Increased number and capacity of community-based, minority-serving organizations directly involved in addressing the HIV/AIDS epidemic.
- Increased awareness of health promoting behaviors.
- Reduction of sociocultural, linguistic and other barriers to HIV/AIDS treatment for targeted minority populations.
- Increased linkages among organizations to facilitate an increase in the number of targeted individuals entering a continuum of health care for HIV/AIDS.
- Increased HIV/AIDS counseling and testing services.

Applicant Project Results

Applicants must identify anticipated project results that are consistent with the overall Program purpose and OMH expectations. Project results should fall within the following general categories:

- **Mobilizing Coalitions and Networks**—by forming community groups, partnerships, and/or local networks to promote improvements in minority health.
- **Changing Behavior and Utilization**—changing health behavior patterns in

minority populations, including promoting use of existing services.

- **Increasing Access to Health Care Services**—for minority populations through such means as increasing access to insurance coverage, decreasing geographic barriers to obtaining care, and lowering cultural and linguistic barriers to care.
- **Increasing Knowledge and Awareness of HIV/AIDS**—to effect change in target group’s attitude regarding HIV/AIDS issues in minority populations through promotional and educational programs.

The outcomes of these projects will be used to develop other national efforts to eliminate the disproportionate impact of HIV/AIDS on minority populations.

Note: Funded projects will be expected to demonstrate progress in achieving any or all of the anticipated results by the end of the project period. Such progress will be a factor in decisions regarding future funding.

Project Requirements

Each applicant under the Community Partnership HIV/AIDS Program must propose to:

- Implement the project through a partnership of community-based

organizations that will coordinate HIV/AIDS outreach, screening and education efforts and provide referrals and follow-up for HIV/AIDS treatment.

- Conduct a replicable program using an integrated community-based response to the HIV/AIDS crisis through community dialogue and interaction designed to improve the health status of targeted minority populations.
- Ensure that the target population is provided with HIV/AIDS health promotion and education outreach activities that are linguistically, culturally, and age appropriate.
- Engage minority communities in activities that will impact attitudes and perceptions about HIV/AIDS in these communities to increase the number of individuals seeking and accepting services.
- Include the “A-B-C” approach to HIV prevention - Abstinence, Be faithful, and use Condoms as a prevention strategy to assist in combating the spread of HIV/AIDS.

Ideas for Developing the Proposal

The following section lists some examples of activities that can be supported under the Community Partnership HIV/AIDS Program.

- Street and other outreach efforts related to HIV/AIDS.
- HIV/AIDS screening, testing, referral and counseling services.

- Development of HIV/AIDS culturally sensitive and age appropriate curricula.
- Peer education to raise awareness and promote safe behavior.
- Information sessions and workshops on prevention, risk reduction, and related health issues.
- Development of linguistically and culturally appropriate health education materials.
- Public awareness campaign, with health education signs, broadcasts, videos or publications targeted to the educational level and/or primary language of the selected minority population.

Note: The above examples do not represent an exhaustive list of activities.

TERMS AND CONDITIONS OF SUPPORT

Eligible Applicants

To qualify for funding, an applicant must have a minimum of five years of documented service in conducting HIV/AIDS education and health promotion activities, and be a:

1. private nonprofit community-based, minority-serving organization (see

definition) which addresses health and human services; or

2. public (local or tribal government) community-based organization which addresses health and human services; or
3. Historically Black College or University (HBCU), Hispanic Serving Institution (HSI), or Tribal College or University (TCU); **and**
4. represent a community partnership of at least three discrete organizations which include:
 - the applicant (a community-based, minority-serving organization with at least five years of documented experience in conducting HIV/AIDS education and health promotion activities).
 - an AIDS Service Organization (ASO) with at least three years of documented experience to ensure that information dissemination on HIV/AIDS and related issues is current and accurate from a medical point of view; and
 - a minority-serving organization rooted in the community with no experience in HIV/AIDS activities.

Requisite experience must be documented in the application through a description of the type of activities/services provided, when they began, and how long they were offered.

The partnership must be documented through a single Memorandum of Agreement (MOA) among the community-based organization (applicant), the ASO and the inexperienced organization. The MOA must specify in detail the roles and resources that each entity will bring to the project, and the terms of the linkage. The MOA must cover the entire project period. Terms for termination of the agreement must also be spelled out. The MOA must be signed by individuals with the authority to represent the organization.

Note: Private nonprofit community-based, minority-serving organizations must provide proof of nonprofit status with their application. (See page 23 of these guidelines for examples of acceptable proof of nonprofit status.)

Other entities that meet the definition of private non-profit community-based minority-serving organizations and the above criteria that are eligible to apply are:

- Faith-based organizations
- Tribal organizations
- Local affiliates of national, state-wide or regional organizations

National, state-wide, and regional organizations may not apply for these grants. As the focus of the program is at the local, grassroots level, OMH is looking for entities that have ties to the local community. National, state-wide, and regional organizations operate on a broader scale and are not as likely to effectively

access the targeted minority population in the specific, local neighborhood and communities.

The organization submitting the application will:

- serve as the lead agency for the project, responsible for its implementation and management; and
- serve as the fiscal agent for the Federal grant awarded.

An organization may submit no more than one application to this grant program. Organizations submitting more than one proposal for this grant program will be deemed ineligible. The multiple proposals from the same organization will be returned without comment.

Organizations **are not** eligible to receive funding from more than one OMH grant program to carry out the same project and/or activities.

Period of Support

Those applicants chosen through the competitive process:

- Are to begin their demonstration project on **September 1, 2006**.
- Will receive an award, ranging from \$150,000 to \$200,000 total costs (direct and indirect) for a 12 month period.
- Will be able to apply for a non-competing continuation award ranging

from \$150,000 to \$200,000 for each of the two additional years. After year one, funding is based on:

- the availability of funds; and
- success or progress in meeting project objectives during Year One of the project.

Note: For non-competing continuation awards, grantees must submit continuation applications, written reports, and continue to meet the established program guidelines.

Use of Grant Funds

Budgets ranging from between \$150,000 and \$200,000 total costs (direct and indirect) should be requested per year for each of the three years of the project period to cover costs of:

- Personnel
- Consultants
- Equipment
- Supplies (including screening and outreach supplies)
- Grant related travel (domestic only), including attendance at annual OMH grantee meetings
- Other grant related costs

Funds may not be used for:

- Building alterations or renovations
- Construction

- Fund raising activities
- Job training
- Medical care, treatment or therapy
- Political education and lobbying
- Research studies involving human subjects
- Vocational rehabilitation

Note: All budget requests must be fully justified and include a computational explanation of how costs are determined. See - **Filling out the Budget Forms and Budget Justification Narrative** on page 7.

If funding is requested in an amount greater than the ceiling of the award range, the application will be considered non-responsive and will not be entered into the review process. The application will be returned with notification that it did not meet the submission requirements.

APPLICATION REQUIREMENTS

Application Forms

Applicants must use Grant Application Form OPHS-1.

Hint: You will need to disassemble Grant Application Form OPHS-1 in order to put the Application Package in the proper order.

Order of Application Package - All items in **bold** can be found in your application kit.

- **Face Page/cover page (SF 424) included in Form OPHS-1**
- **Checklist (pages 18-19 of Form OPHS-1)**
- For private, nonprofit organizations, evidence of nonprofit status (if not already on file with the PHS agency). (See page 23 of these guidelines for examples of acceptable proof of nonprofit status.)
- **Budget Information Forms for Non-Construction Programs (SF 424A) included in Form OPHS-1**
- Detailed Budget Justification Narrative (see section below).
- Negotiated Indirect Cost Rate Agreement (if applicable).
- **Key Personnel Form**
- E.O. 12372 (State Reviews) - See page 21 of these Program Guidelines. Provide a copy of the cover letter, if applicable.
- For community-based, non-governmental applicants, a Public Health System Impact Statement (see page 20 of these program guidelines). Include only a copy of the copy letter.

• **Project Profile**

- Table of Contents
- Project Narrative (proposal). (See pages 8-14 of these Program Guidelines.)

Filling Out the Budget Forms and Budget Justification Narrative

In addition to filling out the budget forms located in the application kit, you must also provide a separate budget justification narrative and computation of expenditures, as outlined below. Applicants should recognize that costs do not remain static; the budget should reflect the various phases and activities of planning, organizing, implementation, evaluation, and dissemination. Timing and appropriate costs for conducting the internal evaluation and dissemination of the project's results should be considered when preparing the budget.

Budget Forms

Fill out the budget forms (SF 424A) located in the application kit. Also,

- Use SF 424A - Section B (1) to list the itemized budget for Year 1 costs.
- Use SF 424A - Section B(2) to list the itemized budget for Year 2 and 3 costs.

Budget Justification Narrative

Use separate paper to write the budget justification narrative and computation of

expenditures for **each year** in which grant support is requested.

- Identify your projected expenditures using only the standard budget headings listed on the budget form (SF 424A), i.e., personnel and fringe benefits, contractual, travel, equipment, supplies, and other grant-related expenses.
- Then, write your budget justification narrative and computation of expenditures under the appropriate heading.
 - The “personnel” justification should indicate, for each position to be supported by the grant:
 - name, if known
 - title (on the project)
 - level of effort (percentage of time on the project, including in-kind)
 - salary
 - responsibilities
 - The “equipment” narrative should indicate:
 - type of equipment
 - number of items
 - cost per unit
 - who it will be used by

- where and when it will be used
- which objective and activity the equipment will support

- The justification for out-of-town “staff travel” should indicate:
 - number of out-of-town trips
 - purpose/destination of each trip
 - estimated cost of travel (e.g., airfare, train fare, mileage) for each trip
 - per diem costs (meals lodging and local travel)
 - title/position of traveler
 - when travel will take place
 - which objective and activity are addressed

Provide similar information on other budget items under the appropriate headings.

The budget justification does not count toward the application page limitation.

Reminder: Participation in an annual OMH grantee meeting is mandatory. Applicants must budget for up to two grant staff to attend this meeting. For planning purposes, use Chicago as the travel destination. If an applicant is from the Chicago area, use Washington, DC.

Note: All applicants must fill out the Key Personnel Form. This form must follow the budget information included in the Application Package.

REQUIRED CONTENT OF THE NARRATIVE SECTION

How to Write the Project Narrative (Proposal)

In place of the Program Narrative Instructions on pages 15-17 of Form OPHS-1, describe your proposal using the following 6 sections, in the order provided, to present your narrative:

- PROJECT SUMMARY
- BACKGROUND
 - Statement of Need
 - Experience
- OBJECTIVES
- PROGRAM PLAN
- EVALUATION PLAN
- APPENDICES

The Project Narrative, including the Project Summary and Appendices, is limited to 60 double-spaced pages. Organizations funded under the Minority Community Health Coalition Demonstration Grant Program, HIV/AIDS in FY 02 (project periods beginning September 30, 2002 and ending as late as September 29, 2006) are also required to submit a Progress Report. This report is limited to 15 pages double-spaced, which do **not** count against the page limitation.

The narrative must address the project requirements specified on page 3 of these Program Guidelines.

Provide sufficient details for reviewers to be able to assess the proposal's appropriateness and merit.

Project Summary

The project summary should:

- Be no more than 3 pages in length double spaced.
- Describe key aspects of the Background, Objectives, Program Plan, and Evaluation Plan.

(See *Appendix A* for Suggested Project Summary Outline).

Note: Page numbering begins with the Project Summary.

Hint: It may be easier to prepare the Project Summary after the entire narrative (proposal) is completed.

Background and Demonstrated Capability

Statement of Need

- Discuss the overall scope of the HIV/AIDS epidemic at the local level and the specific effects it has had on targeted minority groups.
- Describe and document (with data):

- demographic information on the targeted geographic area; and
- the significance or prevalence of the problem or issues affecting the target minority group(s).
- Describe minority group(s) targeted by the project (e.g., race/ethnicity, age, gender).
- All epidemiologic information provided should be referenced and cited.

Hint: Some sources of data are the U.S. Census, the Centers for Disease Control and Prevention, area-wide health systems agencies, local and state health departments, state's HIV/AIDS plan, and the OMHRC (1-800-444-6472). Information should be considered to assist the reviewers in putting the problem in context.

- Provide rationale for the approach. Support with data from the local area (national, regional and state data may be used to put the local problem in context).
- Identify existing services and the extent to which they reach the target community.
- Identify partnership members and provide the rationale for including them in the project. Document the length of

time the participating AIDS Service Organization has provided services.

Experience

- Describe the applicant organization's background, including:
 - mission/purpose/service area/population served;
 - length of time in existence;
 - previous and current collaborations with health entities, local governmental agencies, civic associations, and others that show experience with the identified problem;
- Describe any similar projects implemented to work with issues of HIV/AIDS, and the results of these efforts. Document the types of services provided, dates of implementation, and how long services were offered.

Reminder: For those organizations funded under the Minority Community Health Coalition Demonstration Grant Program, HIV/AIDS in FY 2002, you must include a progress report in the Appendix on that specific project and its results.

- Discuss the applicant organization's experience in managing projects/activities, especially those targeting the population to be served.

- Indicate where the project will be located within the organization's structure and the reporting channel.
- Provide a chart of the proposed project's organizational structure, showing who reports to whom.
- Describe how the partnership organizations will interface with the applicant organization.

Objectives

Objectives must relate to the purpose of the Community Partnership HIV/AIDS Program (see page 1 of these guidelines), the identified problem(s), OMH Expectations and activities to be conducted.

- State each objective in **measurable** terms, including baseline data, improvement targets and time frames for achievement for the three year project.
 - Measurable terms include **both** baseline numbers (at the start of the project) and outcome numbers expected at the end of the project for each major component.
 - The time frame for achievement should indicate when the objective will be achieved.

Hint: Objectives should not be confused with specific tasks or activities that will be implemented to achieve the objectives.

Program Plan

The Program Plan must clearly describe how the proposed project (which must be linked to the stated need and objectives) will be carried out.

- Clearly describe how the project will bridge the identified gap(s) in existing services and how it will be carried out.
- Describe in detail specific activities and strategies planned to achieve each objective.
- For each activity, describe:
 - how it is to be done
 - when it is to be done
 - where it will be done
 - who will do it
 - for whom it is to be done
- Describe the role of each partnership organization in the project.
- Describe any products to be developed by the project (e.g., brochures, public service announcements, videos).
- Provide a realistic time line chart which lists:

- each objective
- the activities under each objective
- the specific month(s) each activity will be implemented; and
- the individual responsible for the activities by project title/position

Note: A time line should be included for **each year** that support is requested.

- Provide a description of the proposed program staff, including resumes for key staff, qualifications and responsibilities of each staff member.

Note: The Project Director **must be** an employee of the applicant organization.

- Indicate the level of effort for each proposed key staff position (e.g., 10%, 50%), including pertinent staff provided on an in-kind basis.
- Provide position or job descriptions for staff positions, including those to be filled.
- Provide a description of duties for proposed consultants and identify which objectives they will address.

Note: Collaborators, consultants, subgrantees, and subcontractors are accountable to the grantee for the management of any OMH funds received.

Evaluation Plan

The Evaluation Plan must clearly articulate how the applicant will evaluate program activities. It is expected that evaluation activities will be implemented at the beginning of the program in order to

capture and document actions contributing to program outcomes. The Evaluation Plan must be able to produce documented results that demonstrate whether and how the strategies and activities funded under the Program made a difference in the health status of targeted minorities, relative to HIV/AIDS. The plan must identify the expected results (i.e., a particular impact, outcome or product) for each major objective and activity, and discuss the potential for replication.

• Data Collection and Analysis Method:

- Indicate which method of analysis will be used.
- State how data will be collected and analyzed on each indicator.
- Identify who will be responsible for the project's evaluation, including who will collect and analyze data on each indicator.

• Demographic Information on the targeted minority group(s).

- Describe demographic data to be collected on target groups being

served (e.g., race/ethnicity, gender, age).

- **Process Measures** describe indicators to be used to monitor and measure progress toward achieving projected results by objective. Process measures will vary depending upon the kind(s) of project activities to be provided. For example:
 - Number of forums, seminars, training sessions or focus groups held and number of participants.
 - Number of outreach visits made or health fairs attended.
 - Number of health screenings conducted.
 - Number of signs or brochures distributed, number of broadcasts or TV spots aired.
 - Number of seminars conducted.
- **Outcome Measures** will show that the project has accomplished the objectives it planned to achieve. For example:
 - Increases in participants' knowledge from workshops, forums, seminars, and focus groups.
 - Increased use of HIV/AIDS counseling and testing services.

- **Impact Measures** demonstrate the achievement of the goal to positively affect health disparities. For example:
 - Changes in behavior/patterns.
 - Changes in baseline health data over time.
 - Changes in access/utilization of health care or medical services over time.
- Describe the project's potential for long-term impact on HIV/AIDS.
- Discuss how the project model might have applicability for similar communities.
- **Information Dissemination** - Describe how and with whom the project information, data findings and evaluation results will be shared (e.g., minority communities, community-based minority-serving organizations), and how results will be used.

Appendices

All appendices must be clearly referenced and support elements of the narrative.

Include documentation and other supporting information in this section. Examples include:

- The applicant organization's mission statement.

- Memorandum of Agreement (MOA) with Partnership members.
- Progress Report for programs funded under the Minority Community Health Coalition Demonstration Program, HIV/AIDS in FY 02. (Refer to **Appendix B** for Progress Report Format.)
- Data collection instruments.
- Relevant brochures or newspaper articles.

Note: The Progress Report does not count against the page limitation for proposals. All other items in this section are counted against the 60 page limitation.

Helpful Reminders

In preparing your application, you must:

1. Number all pages sequentially including any appendices. (Do not use decimals or letters, such as: 1.3 or 2A).
2. Type all materials in size 12 font, with 1" margins, double spaced.
3. Not exceed a total of 60 pages for the Project Narrative, including the Project Summary and Appendices. Organizations funded under the Minority Community Health Coalition Demonstration Grant Program, HIV/AIDS Program in FY 02 (project

period beginning September 30, 2002 and ending as late as September 29, 2006) are also required to submit a progress report. This report is limited to 15 pages double-spaced, which do not count against the page limitation.

In addition, for application submitted by express/regular mail or hand-delivered, you must:

1. Use 8 ½ by 11 inch white paper.
2. Type on one side of the paper only.
3. Not staple or bind the application package. Use rubber bands or binder clips.
4. Send an original, signed in blue ink, and 2 copies of the application package.

See **Appendix D** for additional Tips for Preparing an Application.

Note: The pages of the Project Narrative must be double-spaced.

SUBMISSION OF APPLICATION

Application Deadline

Send your application in by June 19, 2006.

Submission Mechanisms

The Office of Public Health and Science provides multiple mechanisms for the submission of applications, as described in the following sections. Applicants will receive notification via mail from the Office of Grants Management, OPHS, confirming the receipt of applications submitted using any of these mechanisms. Applications submitted after **June 19, 2006** will not be accepted for review. Applications that do not conform to the requirements of the grant announcement will not be accepted for review and will be returned to the applicant.

You may submit your application in either electronic or paper format.

To submit an application electronically, use either the OPHS **eGrants** web site, <https://egrants.osophs.dhhs.gov> or the **Grants.gov** web site, <http://www.Grants.gov/>. OMH will not accept grant applications via any other means of electronic communication, including email or facsimile.

Electronic Submission

If you choose to submit your application electronically, please note the following:

- Electronic submission is voluntary, but strongly encouraged. You will not receive additional point value because you submit a grant application in

electronic format, nor will you be penalized if you submit an application in paper format.

- The electronic application for this program may be accessed on <https://egrants.osophs.dhhs.gov> (**eGrants**) or <http://www.Grants.gov/> (**Grants.gov**). If using **Grants.gov**, you must search for the downloadable application package by the CFDA number (93.910).
- When you enter the **eGrants** or the **Grants.gov** sites, you will find information about submitting an application electronically, as well as the hours of operation. We strongly recommend that you do not wait until the deadline date to begin the application process. Visit **eGrants** or **Grants.gov** at least 30 days prior to filing your application to fully understand the process and requirements. **Grants.gov** requires organizations to successfully complete a registration process prior to submission of an application.
- The body of the application and required forms can be submitted electronically using either system. Electronic submissions must contain all forms required by the application kit, as well as the Program Narrative, Budget Narrative, and any appendices or exhibits. Applicants are also required to submit, by mail, a hard copy of the face page (SF 424) with the original signature of an individual authorized to

act for the applicant agency or organization and to assume for the organization the obligations imposed by the terms and conditions of the grant award.

(Applicants using **Grants.gov** are not required to submit a hard copy of the SF 424, as **Grants.gov** uses digital signature technology.) If required, applicants using **eGrants** may also need to submit a hard copy of SF LLL, and/or certain program related

forms (e.g., Program certifications) with original signatures.

- Any other hard copy materials, or documents requiring signature, must also be submitted via mail. Mail-in items may only include publications, resumes, or organizational documentation. (If applying via **eGrants**, the applicant must identify the mail-in items on the Application Checklist at the time of electronic submission.) The application will not be considered complete until both the electronic application components and any hard copy materials or original signatures are received. All mailed items must be received by the Office of Grants Management, OPHS, no later than 5:00 p.m. Eastern Time on the **next business** day after the deadline.
- Your application must comply with any page limitation requirements described in this Program Guidelines.
- We strongly encourage you to submit

your electronic application well before the closing date and time so that if difficulties are encountered you can still send in a hard copy overnight. If you encounter difficulties, please contact the **eGrants** Help Desk at [1-301-231-9898 x142](tel:1-301-231-9898) (egrants-help@osophs.dhhs.gov), or the **Grants.gov** Help Desk at 1-800-518-4276 (support@grants.gov) to report the problem and obtain assistance with the system.

- Upon successful submission via **eGrants**, you will receive a confirmation page indicating the date and time (Eastern Time) of the electronic application submission. The confirmation will also provide a listing of all items that constitute the final application submission including all electronic application components, required hard copy original signatures, and mail-in items, as well as the mailing address of the Office of Grants Management, OPHS, where all required hard copy materials must be submitted and received no later than 5:00 p.m. Eastern Time on the **next business** day after the deadline. As items are received by that office, the application status will be updated to reflect their receipt.

Applicants are advised to monitor the status of their applications in the OPHS **eGrants** system to ensure that all signatures and mail-in items are received.

- Upon successful submission via **Grants.gov**, you will receive a confirmation page indicating the date and time (Eastern Time) of the electronic application submission, as well as the **Grants.gov** Receipt Number. **It is critical that you print and retain this confirmation for your records, as well as a copy of the entire application package.**

Applications submitted via **Grants.gov** also undergo a validation process.

Once the application is successfully validated by **Grants.gov**, you will again be notified and should immediately mail all required hard copy materials to the Office of Grants Management, OPHS, to be received no later than 5:00 p.m. Eastern Time on the **next business** day after the deadline. It is critical that you clearly identify the Organization name and **Grants.gov Application Receipt Number** on all hard copy materials. Validated applications will be electronically transferred to the OPHS **eGrants** system for processing. Any applications deemed “Invalid” by **Grants.gov** will **not** be transferred to the **eGrants** system. OPHS has no responsibility for any application that is not validated and transferred to OPHS from **Grants.gov**.

- Electronic grant application submissions must be submitted no later than 5:00 p.m. Eastern Time on

June 19, 2006. All required hard copy original signatures and mail-in items must be received by the Office of Grants Management, OPHS, no later than 5:00 p.m. Eastern Time on the **next business** day after the deadline.

Mailed or Hand-Delivered Hard Copy Applications

Applicants who submit applications in hard copy (via mail or hand-delivered) are required to submit an original and two copies of the complete application. The original application must be signed by an individual authorized to act for the applicant agency or organization and to assume for the organization the obligations imposed by the terms and conditions of the grant award. The original and each of the two copies must include all required forms, certifications, assurances, and appendices.

Mailed or hand-delivered applications will be considered as meeting the deadline if they are received by the Office of Grants Management, OPHS, on or before 5:00 p.m. Eastern Time on **June 19, 2006**. The application deadline date requirement specified in this announcement supersedes the instructions in the OPHS-1. Applications that do not meet the deadline will be returned to the applicant unread.

Where to Send Your Application and/or Required Hard Copy Original Signature and Mail-In Items

Ms. Karen Campbell
 Director, OPHS Office of Grants
 Management
 Tower Building, Suite 550
 1101 Wootton Parkway
 Rockville, MD 20852

Suggestion: Applicants are encouraged to submit applications early to ensure receipt by the deadline.

Reminder: The deadline for **electronic submissions** of applications is no later than 5:00 p.m. Eastern Time on **June 19, 2006**, with required hard copy original signature and mail-in items received in the Office of Grants Management, OPHS, no later than 5:00 p.m. Eastern Time on the next business day after the specified deadline.

Data Universal Numbering System Number (DUNS)

Applicants must have a Dun & Bradstreet (D&B) Data Universal Numbering System number as the universal identifier when applying for Federal grants. The D&B number can be obtained by calling 866-705-5711 or through the web site at <http://www.dnb.com/us/>.

How to Get Help

For technical assistance on budget and business aspects of the application contact:

Ms. Margaret Griffiths
 Grants Management Specialist
 OPHS Office of Grants Management
 Phone: (240) 453-8822
 E-mail: mgriffiths@osophs.dhhs.gov

For questions about programmatic information and/or technical assistance in preparing your grant application, contact:

Ms. Vickie Shepherd
 Project Officer
 Division of Program Operations
 Office of Minority Health
 Phone: (240) 453-8444
 E-mail: vshepherd@osophs.dhhs.gov

For additional technical assistance:

- Contact the OMH Regional Minority Health Consultant for your region listed in your grant application kit.

For Health information:

- Call the OMH Resource Center (OMHRC) at 1-800-444-6472.

EVALUATION OF APPLICATIONS

Receipt of Applications

- Applications will be screened upon receipt. Applications that are not complete, or that do not conform to or address the criteria of the Program announcement will be considered non-

responsive. The application will be returned with notification that it did not meet the submission requirements and will not be entered into the review process.

- Accepted applications will be reviewed for technical merit in accordance with Public Health Service policies.
- Applications will be evaluated by an Objective Review Committee (ORC). Committee members are chosen for their expertise in minority health and their understanding of the unique health problem and related issues confronted by the racial/ethnic minority populations in the United States.

How Applications Are Scored

Applications will be reviewed on their own merits, and will not be compared to each other. The ORC will determine how well the application meets the review criteria and if it included all the required information. The ORC will make recommendations to OMH about the funding of applications.

Review Criteria

The technical merit of the applications will be assessed by the ORC considering the following 4 factors:

Note: The following factors are presented in the order in which they are addressed in the Project Narrative.

Factor 1: Background and Demonstrated Capability (20%)

- Demonstrated knowledge of the problem at the local level.
- Significance and prevalence of the HIV/AIDS in the proposed community and target population.
- Extent to which the applicant demonstrates access to the target community(ies), and whether it is well positioned and accepted within the community(ies) to be served.
- Extent and documented outcome of past efforts and activities with the target population.
- If applicable, extent and documented outcome(s) of activities conducted under the Minority Community Health Coalition Demonstration Grant Program, HIV/AIDS.

Factor 2: Objectives (20%)

- Merit of the objectives.
- Relevance to the OMH program purpose and expectations, and stated problem to be addressed by the proposed project.

- Degree to which the objectives are stated in measurable terms.
- Attainability of the objectives in the stated time frames.

Factor 3: Program Plan (35%)

- Appropriateness and merit of proposed approach and specific activities for each objective.
- The degree to which the project design, proposed activities and products to be developed are culturally appropriate.
- Logic and sequencing of the planned approaches as they relate to the statement of need and to the objectives.
- Soundness of established partnerships and the roles of the partnership members in the program.
- Applicant's capability to manage and evaluate the project as determined by:
 - Qualifications and appropriateness of proposed staff or requirements for "to be hired" staff and consultants.
 - Proposed staff level of effort.
 - Management experience of the applicant.
 - The applicant's organizational structure and proposed project organizational structure.
 - Appropriateness of defined roles including staff reporting channels

and that of any proposed consultants.

- Clear lines of authority among the proposed staff within and between the partnership organizations.

Factor 4: Evaluation (25%)

- The degree to which expected results are appropriate for objectives and activities.
- Appropriateness of the proposed data collection plan (including demographic data to be collected on the project participants), analysis and reporting procedures.
- Suitability of process, outcomes, and impact measures.
- Clarify of the intent and plans to assess and document progress towards achieving objectives, planned activities, and intended outcomes.
- Soundness of the plan to document the project for replication in similar communities.
- Soundness of the plan to disseminate project results.

Award Criteria

Funding decisions will be determined by the Deputy Assistant Secretary for Minority Health, OMH, and will take into consideration:

- The recommendations and ratings of the ORC.
- Geographic distribution of applicants.
- Racial/ethnic distribution of the targeted audience.

REPORTING AND OTHER REQUIREMENTS

Public Health Systems Reporting Requirements

This program is subject to Public Health Systems Reporting Requirements. Under these requirements, a community-based non-governmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS).

The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based non-governmental organizations within their jurisdictions.

Submitting Needed Information

Community-based, non-governmental applicants are required to submit, no later than the Federal due date for receipt of the application, the following information to the head of the appropriate State or local health agencies in the area(s) to be impacted:

- A copy of the face page of the application (SF 424).
- A summary of the project (PHSIS). The summary should be one page or less and include:
 - A description of the population to be served.
 - A summary of the services to be provided.
 - A description of the coordination planned with the appropriate State or local health agencies.

| |
|---|
| <p>Note: Include only a copy of the cover letter with your application.</p> |
|---|

State Reviews (E.O. 12372)

The Community Partnership HIV/AIDS Program is subject to the requirements of Executive Order 12372 which allows States the options of setting up a system for reviewing applications from within their States for assistance under certain Federal programs.

This application kit includes a list of States which have chosen to set up a review system and the Single Point of Contact (SPOC) in the State for review. The SPOC list is also available on the Internet at the following address:
<http://www.whitehouse.gov/omb/grants/spoc.html>

Applicants (other than federally recognized Indian tribes) should contact their SPOCs as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process.

The due date for State process recommendation is 60 days after the application deadlines established by the OPHS Grants Management Officer. The OMH does not guarantee that it will accommodate or explain its responses to State process recommendations received after that date. (See “Intergovernmental Review of Federal Programs,” Executive Order 12372, and 45 CFR Part 100 for a

description of the review process and requirements.)

Post Award Requirements

If you are selected for funding, you will need to let OMH know how your project is doing by sending:

- Semi-annual Progress Reports
- Annual Financial Status Reports
- A Final Project Report and Financial Status Report

Grantees will be informed of the progress report due dates and means of submission. Instructions and report format will be provided prior to the required due date. The Annual Financial Status Report is due no later than 90 days after the close of each budget period. The Final Progress Report and Financial Status Report are due 90

days after the end of the project period. Instructions and due dates will be provided prior to required submission.

Uniform Data Set

The Uniform Data Set (UDS) is a web-based system used by OMH grantees to electronically report progress data to OMH. It allows OMH to more clearly and systematically link grant activities to OMH-wide goals and objectives, and document programming impacts and results. All OMH grantees are required to report program information via the UDS (<http://www.dsgonline.com/omh/uds>). Training will be provided to all new

grantees on the use of the UDS system during the annual grantee meeting.

ADDITIONAL INFORMATION

Definitions

For purposes of this grant program, the following definitions apply:

AIDS Service Organizations (ASO)– A health association, support agency, or other service activity involved in the prevention and treatment of AIDS (HIV/AIDS Treatment Information Services Glossary of HIV/AIDS-Related Terms, March 1997).

Community-Based Organizations– Private, nonprofit organizations and public organizations (local and tribal

governments) that are representative of communities or significant segments of communities where the control and decision-making powers are located at the community level.

Community-Based, Minority-Serving Organization—A community-based organization that has a history of service to racial/ethnic minority populations. (See definition of **Minority Populations** below.)

Community Partnership—At least three discrete organizations/institutions in a community which collaborate on specific community concerns, and seek resolution

of those concerns through formalized relationship documented by written memoranda of agreement signed by individuals with the authority to represent the organizations.

Memorandum of Agreement (MOA)—A single document signed by authorized representatives of each community partnership member organization which details the roles and resources each entity will provide for the project and the terms of the agreement (must cover the entire project period).

Minority Populations—American Indian or Alaska Native; Asian; Black or African American; Hispanic or Latino; and Native Hawaiian or other Pacific Islander (42 U.S.C. § 300u-6, section 1707 of the Public Health Service Act, as amended).

Nonprofit Organizations—Corporations or associations, no part of whose net earnings may lawfully inure to the benefit of any private shareholder or individual. Proof of nonprofit status must be submitted by private nonprofit organizations with the application or, if previously filed with PHS, the applicant must state where and when the proof was submitted. The following examples serve as acceptable proof of nonprofit status:

- A reference to the applicant organization's listing in the Internal Revenue Service (IRS) most recent list of tax-exempt organizations described in section 501(s)(3) of the IRS Code.
- A copy of a currently valid IRS tax exemption certificate.
- A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of the organization's certificate or incorporation or similar document that clearly establishes nonprofit status.
- Any of the above proof for a State or national organization and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

Sociocultural Barriers—Policies, practices, behaviors and beliefs that create obstacles to health care access and service delivery. Examples of sociocultural barriers include:

- Cultural differences between individuals and institutions
- Cultural differences of beliefs about health and illness
- Customs and lifestyles
- Cultural differences in languages or nonverbal communication styles

Healthy People 2010

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2010, a PHS-led national activity announced in January 2000 to eliminate health disparities and improve years and quality of life.

Information may be found on the Healthy People 2010 web site:
<http://www.healthypeople.gov>

Copies of the Healthy People 2010: Volumes I and II can be purchased by calling (202) 512-1800. The cost is \$70 for the printed version or \$20 for CD-ROM. Another reference is the Healthy People 2010 Final Review-2001.

For one free copy of Healthy People 2010, contact NCHS:

The National Center for Health Statistics
Division of Data Services
3311 Toledo Road
Hyattsville, MD 20782
Or, telephone (301) 458-4636.

Ask for DHHS Publication No. (PHS) 99-1256.

The document may also be downloaded from the Healthy People 2010 web site:
<http://www.healthypeople.gov>

Frequently Asked Questions

1. **Who do I call for more information about the program?** For information on the program, or for technical assistance in preparing an application, contact:

Ms. Vickie Shepherd, Project Officer, on (240) 453-8444, or by e-mail at vshepherd@osophs.dhhs.gov

For questions or assistance related to budget and other business aspects, contact:

Ms. Margaret Griffiths, Grants Management Specialist, on (240) 453-8822, or by e-mail at mgriffiths@osophs.dhhs.gov

Information on this program is also available on OMH's web site:
<http://www.omhrc.gov>

2. **Who is eligible to apply?** Private nonprofit community-based, minority-serving organizations (see Definition) which addresses health or human services; or Public (local or tribal government) community-based organizations which addresses health and human services; or Historically Black Colleges or Universities (HBCU), Hispanic Serving Institution (HSI), or Tribal Colleges or University (TCU); and represents a community partnership of at least three discrete organizations which include: a community-based, minority serving organization (applicant) with at least five years of documented experience in conducting HIV/AIDS education and health promotion activities. An AIDS Service Organization (ASO) with at least three years of documented experience to ensure that information dissemination on HIV/AIDS and related issues is current and accurate from a medical point of view; and a minority-serving organization rooted in the community with no experience in HIV/AIDS activities.

Faith-based organizations that meet the above criteria are eligible to apply for Community Partnership HIV/AIDS Program grants. Tribal organizations and local affiliates of national, state-wide or regional organizations that meet the definition of a community-based minority-serving organization are also eligible to apply.

3. **Who is not eligible to apply?** National, state-wide, and regional organizations are not eligible to apply for these grants.
4. **If the applicant organization is both the community-based, minority-serving organization and an AIDS Service Organization, are two other organizations still required to form the?** Yes. The Partnership must be comprised of at least three, discrete organizations as specified on page 4.
5. **Can a religious organization apply?** Yes, if the organization meets the eligibility criteria and provides proof of its non-profit status (see page 23 for acceptable evidence of non-profit status).
6. **What documentation is required to substantiate the experience of the applicant organization and the ASO?** In the Project Narrative, the applicant must describe the activities/services provided by each organization, and give specifics on the length of time such activities/services were provided. In addition, the applicant must indicate whether it meets the eligibility criteria on the Project Profile, and indicate the page number(s) of the application where substantiating information can be found.
7. **Can another agency serve as the fiscal agent for my project?** No. The applicant must serve as the fiscal agent

and be responsible for implementing the project.

8. **What is a “CFDA” Number?** The Catalog of Federal Domestic Assistance (CFDA) is a Government-wide compendium of Federal programs, projects, services, and activities that provide assistance. Programs listed therein are given a CFDA Number. The CFDA Number for the Minority Community Health Partnership HIV/AIDS Demonstration Grant Program is 93.137.
9. **What is the Project Period?** The project period is the total time for which support of a discretionary project has been programmatically approved. The project period usually consists of a series of budget periods of one-year duration. Once approved through initial review, continuation of each successive budget period is subject to satisfactory performance/progress, and availability of funds. The project period for this announcement is three years.
10. **How much money is an applicant eligible to apply for?** Each applicant may request a budget ranging from \$150,000 to \$200,000 per year for each of the three years. Matching funds are not required.
11. **Do I budget for one year or three years?** The period of support for each project can be up to three years. Each applicant must submit a budget for each year support is requested (i.e., 1,

2, or 3 years).

12. **Can the proposed project address health areas other than HIV/AIDS?**
No. The Community Partnership HIV/AIDS Program focuses specifically on HIV/AIDS.
13. **Can you tell me exactly which forms are required for this application?**
OPHS-1, Project Profile and the Key Personnel Forms are required. The application kit and all the forms for this program are available on-line at the eGrant web site:
<https://egrants.osophs.dhhs.gov>, as well as through the Office of Minority Health Resource Center web site at: www.omhrc.gov.
14. **What items are included in the 60 page limitation?** The project narrative, including the Table of Contents, Project Summary and Appendices (excluding the Progress Report), count against the page limitation.

Items that are **not** included in the 60 page limitation include the SF-424, SF-424A, Budget Justification, Key Personnel Form, Indirect Cost Rate Agreement, Checklist, Proof of Non-profit Status, SF-LLL, SF-LLL-A, and the Progress Report. Although the Progress Report is not included in the 60 page limitation, it is limited to 15 pages.

15. **Should my proposal be single or double spaced?** The Project Narrative (including the Project Summary) must be double-spaced.

16. **How do I submit an application?** Methods for application submission are by express/regular mail, or electronically by OPHS **eGrants** or **Grants.gov**.

For **Mailed** or **Hand Delivered** Applications -

Send an original, signed in blue ink, and 2 copies of your grant application **for receipt no later than 5:00 p.m. Eastern Time on June 19, 2006 to:**

Ms. Karen Campbell
Director
OPHS Office of Grants
Management
Tower Building, Suite 550
1101 Wootton Parkway
Rockville, Maryland 20852

For **Electronic** application -

Options for electronic submission are **Grants.gov** or the OPHS **eGrants** system. The deadline for electronic submission of applications is no later than 5:00 p.m. Eastern Time on **June 19, 2006. In addition, all required hard copy original signature and mail-in items are to be received no later than 5:00 p.m.**

Eastern Time on the next business day after the deadline, in the OPHS Office of Grants Management (see address above). Information about the Grants.gov system is available on the Grants.gov web site at:

<http://www.grants.gov>. Information about the OPHS eGrants system is available at:

<https://egrants.osophs.dhhs.gov> or by contacting the OPHS Office of Grants Management at (240) 453-8822.

Applications submitted by facsimile transmission (FAX) or an electronic format other than OPHS eGrants or Grants.gov **will not** be accepted.

17. **Is there a preferred method of submitting the application?** No. The submission of applications by express/regular mail or electronically by OPHS **eGrants** or **Grants.gov** are all acceptable methods. **However, the OPHS encourages the use of electronic submission.**

18. **Who do I call if I experience problems in submitting my application electronically?** For eGrants, contact the help desk at 1-301-231-9898 x142; or by e-mail at egrants-help@osophs.dhhs.gov. For Grants.gov, contact the help desk at 1-800-518-4276; or by e-mail at support@grants.gov.

19. **What are the “hard-copy” items that have to be submitted for electronic filing?** For applications filed via eGrants, required hard copy

items are the face page (SF-424) and the SF-LLL (if applicable), with original signatures. Grants.gov utilizes digital signature technology, and does not require any forms to be mailed in separately.

20. How do I obtain a DUNS number?

You may obtain a DUNS number by calling 1-866-705-5711 or online at <http://www.dnb.com/us/>. **Your DUNS number must be included in the application at the time of submission.**

21. What is the Uniform Data Set (UDS)?

The UDS is an Internet-based system which provides both the OMH and its partners with a comprehensive project and program management system. The system allows OMH-funded grantees to organize and report their project data, and OMH to use information provided to determine what kinds of grant-related approaches and strategies are most effective, develop program performance measures, meet Federal reporting requirements, and serve as a means for identifying best practices. All FY 06 OMH-funded grantees will be required to report project information using the web-based UDS system. Training will be provided to all new OMH-funded grantees.

22. Are racial/ethnic population other than those identified in the definition eligible for the program?

No. The target populations that are

eligible for OMH Programs are American Indian or Alaska Native; Asian; Black or African American; Hispanic or Latino; and Native Hawaiian or other Pacific Islander (42 U.S.C. § 300u-6, section 1707 of the Public Health Service Act, as amended).

23. Can an applicant submit more than one application for the Community Partnership HIV/AIDS Program?

No. An organization may not submit more than one application to this grant program. Organizations submitting more than one proposal for this grant program will be deemed ineligible. The multiple proposals from the same organization will be returned without comment.

24. Can an applicant submit an application for the Community Partnership HIV/AIDS Program if it is currently funded under another OMH grant or cooperative agreement program?

Yes. An applicant currently funded under another OMH program may submit an application to this grant program, provided that the application does not propose to carry out the same project and/or activities.

APPENDIX A

Department of Health and Human Services
Office of Minority Health

Minority Community Health Partnership HIV/AIDS
Demonstration Grant Program
FY 2006

Project Summary Outline

INSTRUCTIONS: This Report Outline should provide a concise recapitulation of the key aspects of the application. The summary should follow the recommended format, be no more than 3 pages and be typed double-spaced on one side of plain, 8 ½ " x 11 " white paper with 1 " margin using no less than 12 point font.

| | |
|--------------------------------|---|
| Project Title: | Full Name of the Project |
| Applicant: | Applicant Organization's Name |
| Location: | City, State, Zip Code |
| Project Director: | Name of the Project Director, Telephone & Fax Number, and E-mail Address |
| Proposed Year 1 Budget: | Total Direct/Indirect |
| Proposed Service Area: | Specify Counties, Cities, Neighborhoods, or Communities Served by Project Activities |
| Target Population: | Specific Minority Population(s) Served by Project |

Background:

Objectives:

Program Plan:

Evaluation Plan:

Products:

APPENDIX B

Department of Health and Human Services Office of Minority Health

Minority Community Health Partnership HIV/AIDS Demonstration Grant Program

Progress Report Outline (Suggested)

The report must contain a description of the activities conducted under the **OMH Minority Community Health Coalition Demonstration Grant Program, HIV/AIDS**. At a minimum each of the following items must be addressed. Additional information relevant to the program may be included.

I. Program Information

- Name of Project Director
- Grant Number as shown on the “Notice of Grant Award”
- Time period covered by this Report (three year period of the program plus any extensions)

II. Specific Outcomes

- State the original project objectives, summarize the activities implemented to achieve and measure each objective, and summarize accomplishments of those activities with specific outcomes for each objective.
- Provide summary data from evaluation activities conducted to achieve the project’s stated goals and objectives (e.g., number of participants served, number of hours of service provided).
- Discuss the findings of program evaluations.
- Describe any products directly related to project activities (e.g., brochures, training curricula).
- Discuss staffing changes including additions/deletions of funded positions and any unfilled staff positions and their impact on the program.

III. Changes in Program Plan as Originally Approved

- Describe any changes or modifications made to the original objectives. Specifically explain the changes/modification and their significance in conducting the project.
- Discuss problems not previously described and how they were resolved.

APPENDIX C**Department of Health and Human Services
Office of Minority Health****Minority Community Health Partnership HIV/AIDS
Demonstration Grant Program
FY 2006****Memorandum of Agreement (MOA)
(Sample Format)****I. Partnership Organizations**

Identify the organizations that are partners of the project and the individuals representing partnership. Provide a statement which indicates that by signing the document, the organizations commit to executing the activities and providing the resources as detailed in the agreement.

II. Project Activities

Summarize the activities to be carried out by the organizations relative to the proposed project.

III. Commitment of Resources

Delineate the resources the partner organizations will provide to the project. Also indicate the amount of grant funds, if any, each organization will receive.

IV. Term of Agreement

Indicate the specific dates of the agreement. The term of the agreement should at least endure the life of the grant. Also indicate the terms for termination of the agreement.

V. Signatures

Representatives from the applicant organization and partner organizations must sign this document. The agreement must be signed by individuals with the authority to represent the organizations (e.g., president, chief executive officer, executive director).

APPENDIX D

TIPS FOR PREPARING AN APPLICATION

Keep your audience in mind. Reviewers will use only the information contained in your application to assess your proposal. Be sure your application and responses to the project requirements and expectations are complete and clearly written. Do NOT assume that reviewers are familiar with your organization. Make your application self-explanatory, with data clearly described and explained. Keep the review criteria in mind as you write the application.

Follow the instructions in the Program Guidelines carefully. The instructions call for a particular organization of the materials, and reviewers are accustomed to finding information in specific places. Following the instructions will eliminate the need for reviewers to hunt through your application for information. Be organized and logical in your presentation so reviewers can follow the thought process for the proposed project.

Involve evaluation expertise. OMH projects focus on evaluation in order to define successful intervention approaches. Applications, therefore, can greatly benefit from involvement of an evaluator (early in the process) to provide assistance with evaluation design and data collection instruments.

Be concise and clear. Make your points understandable. Provide accurate and honest information, including candid accounts of problems and limitations, and realistic plans to address them. If you omit any required information or data, explain why. Make sure the information provided in each table, chart, attachment, etc., is consistent with your proposal narrative and information in other tables.

Be careful in the use of appendices. Do not use the appendices for information that is required in the body of the application. Be sure to cross-reference all tables and attachments in the text of the application.

Carefully proofread your application. Misspellings and grammatical errors will impede reviewers in understanding your application. Be sure pages are numbered (including appendices) and that page limits are followed. Limit the use of abbreviations and acronyms, and define each one at its first use and periodically throughout the application.

Ask for assistance. If any questions arise when preparing your application, contact the person listed on page 18 of the Program Guidelines.